

MISSOURI SCHOOL-AGE CHILDREN'S HEALTH SERVICES PROGRAM

Policy Manual

2003-04 School Year
FY04

Missouri Department of Health and Senior Services
Division of Maternal, Child and Family Health
Bureau of Family Health

MISSOURI SCHOOL-AGE CHILDREN'S HEALTH SERVICES
POLICIES
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MISSOURI SCHOOL-AGE CHILDREN’S HEALTH SERVICES POLICIES ADMINISTRATIVE

CONTRACTING PROCESS

The Missouri School-Age Children’s Health Services (MSCHS) program may contract with local public school districts, and local public health agencies to provide population-based health services for school-age children residing within the public school jurisdiction named in the proposed contract. Only one contract will be awarded to any one agency; e.g., a school district may only be awarded one contract, regardless of the number of individual schools involved.

The Department of Health and Senior Services, Bureau of Family Health, will issue Invitation for Proposals (IFP) for school-age children’s health services. The IFP will be issued through the Department of Health and Senior Services, Division of Administration. The IFP will be competitive, and evaluated based upon the requirements stated in the IFP.

- Each proposal will be evaluated by at least three reviewers, and the average score will be used to rank the proposals for consideration for funding.
 - **Proposals scoring less than 70% of the total points may not be considered for funding.**
 - Subjective and objective information may be used in evaluating the proposal. This includes a submission of reports in a timely manner, participation in required meetings, site visit reports, success in implementing strategies, evidence of community participation, etc.
 - Proposals will be ranked by score. Additional points will be pre-assigned for need as determined by an index of factors.
- An interagency review panel, with at least two representatives from each agency named in RSMo. 167.160, will review the scores and make recommendations for funding.
- The Department of Health and Senior Services reserves the right to make the final decisions for funding based on the review process and recommendations of the review panel.

The Department may elect to continue contracts with existing contractors without a competitive bid process, if all current contractors are given the opportunity to participate. The decision will be based on contractor’s compliance with program requirements.

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CHANGE IN PARTICIPANTS IN MULTI-AGENCY CONTRACTS

Contracts for Missouri School-Age Children's Health Services may be awarded to a single agency or a collaborative group of agencies, representing health and/or education agencies. Contracts are based on the number of students to be served.

- If a collaborating agency desires to withdraw from a contract during the contract year, a letter of explanation must be forwarded to the Department of Health and Senior Services.
- If the number of school-age children to be served in a generalized or intermediate contract is reduced significantly, funding may be reduced proportionately for the remainder of the contract year. The Department must be notified within 30 days in writing.
- Significance of the change in participants is based on the per student cost of the contract. Generalized contracts may be awarded for up to \$60,000, or \$50 per student, whichever is less. Intermediate contracts may be awarded for up to \$90,000, or \$25 per student, whichever is less. As long as the cost per student for the remaining students does not exceed the cap for that level, funding may not be reduced.

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CHANGE IN FISCAL AGENTS

The fiscal agent for Missouri School-Age Children’s Health Services contracts will be the administrator signing the contract with the Missouri Department of Health and Senior Services for the current year.

To change fiscal agents during the current year, all participating agents must sign a letter of agreement to transfer the fiscal responsibilities for the contract to another responsible party.

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DISSOLUTION OF SCHOOL-AGE CHILDREN’S HEALTH SERVICES PROGRAMS

The Missouri School-Age Children’s Health Services (MSCHS) programs are funded on a yearly basis. The Department of Health and Senior Services may discontinue an individual program for a variety of reasons, including, but not limited to:

- violations of contract; and
- funding no longer available.

In the event a program ends, any equipment purchased for a school or health agency with MSCHS funds shall remain the property of the Department of Health and Senior Services for one year following the termination of the contract. The Department may determine that the equipment shall remain with the agency, with the expectation that the equipment would continue to be used for school health purposes for which it was purchased.

Any contractor purchasing equipment valued at \$300 or more must report the purchase on the required form (see Appendix C).

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MISSOURI SCHOOL-AGE CHILDREN'S
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ALLOCATION OF FUNDING

The Missouri School-Age Children's Health Services program provides funding for population-based health services to school-aged children. Funding may be allocated based on a per-student cost, or a maximum amount of funding for a specific level of services.

- Capacity building activities may be funded up to \$5,000.
- Generalized, or basic health services may be funded at a per-student cost of \$50 per student, or not to exceed \$60,000, per contract, whichever is less.
- To be eligible for intermediate level funding, contractor must demonstrate generalized service with a nurse to student ratio of 1:750 or less.
- Intermediate level of services may be funded at a per-student cost of \$25 per student, or not to exceed \$90,000, per contract, whichever is less.
- Primary care (school-based or school-linked) services may be funded up to \$175,000, per clinic site.

When additional funding is available, supplemental funds may be allocated to improve nurse to student ratios.

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MISSOURI SCHOOL-AGE CHILDREN'S HEALTH SERVICES POLICIES FISCAL

BUDGET

A. PERSONNEL

Funds may be used to establish new positions for school health personnel. This may include hourly wages, or salary and benefits. Eligible personnel depends on the level of services and may include:

- registered nurse
- licensed practical nurse
- health aide/assistant/clerk
- clerical support staff
- social worker
- consultant physician
- advanced practice nurse
- community development specialist

Funds may be used to increase hours/days of employment, provide pay increases, or compensate for additional duties of current staff of the school or health agency.

B. PURCHASE OF SERVICES

The Missouri School-Age Children's Health Services contract allows for requests for funding for purchase of services, not to exceed 5% of the total amount requested. These purchases may include:

- costs for physical health, i.e., examinations, emergency medications (on a one-time per child basis), glasses, etc.
- mental health services, i.e., assessment, counseling, therapy, facilitation of support groups, etc.
- dental health services, i.e., routine examinations and care, screening by dental health professionals, restoration, emergency care, etc.
- transportation to services, i.e., car rental , driver fee, mileage, etc.
- other (call for consultation).

No purchase of services money may be used to pay for services covered by private or public insurance programs. The MSCHS program shall be the payer of last resort.

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MISSOURI SCHOOL-AGE CHILDREN’S
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BUDGET

C. EQUIPMENT/SUPPLIES

The Missouri School-Age Children’s Health Services program allows for purchase of certain basic equipment to begin a school health program.

Funding will be available in the first year of a contract, and for those agencies establishing a school health services program for the first time in a school, or current contractor adding new buildings with new health rooms.

- Items listed as allowable expenditures in the IFP will be considered as budgeted items. (See Appendix B for suggested costs).
- Basic first aid supplies are considered the responsibility of the school district or local public health agency in which the program is provided.
- Costs of construction or remodeling are not reimbursable expenses.

D. TRAVEL AND TRANSPORTATION

The Missouri School-Age Children’s Health Services program allows for intra-district travel expenditures by personnel while traveling between buildings of agencies involved in the contract.

- No reimbursement will be allowed for travel to district meetings, or to continuing education programs, unless initiated by program.
- Travel to meetings required by MSCHS, with the exception of the scheduled district meetings, will be paid by MSCHS.
- The MSCHS program will reimburse no more than the current State of Missouri travel reimbursement rate.

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INVOICING

The Missouri School-Age Children’s Health Services program requires invoicing on a monthly basis.

- Invoices must be submitted on the form provided (see Appendix A), by the 15th of each month (e.g., August 15 for July).
- **Invoices received for expenses 60 calendar days past due date will not be paid.**
- Final invoices are due on or before July 15. **The Department shall have no obligation to pay any invoice submitted after July 15.**
- All invoices must be signed by the authorized contractor’s agent.
- Payment to the contractor will be made within 30 days of receipt of properly submitted invoices.
- Payment of invoices may be withheld if the contractor fails to comply with reporting requirements. (Section 7.1.4).
- The final invoice shall not be paid until all required reports are received.
- The invoice form may be downloaded from Department of Health and Senior Services website at:

www.dhss.state.mo.us/school_health/SHWebpage.htm

Note: There is an underscore between “school” and “health.”

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MISSOURI SCHOOL-AGE CHILDREN'S HEALTH SERVICES POLICIES FISCAL

APPEALS POLICY

The Missouri School-Age Children's Health Services program shall allow an appeal process for payment denied due to late submission (more than 60 days past due date).

- The contractor shall submit a letter to the School Health Coordinator stating reason(s) contractor should be paid.
- The School Health Coordinator shall submit a summary of the issue, with a recommendation regarding payment, to the Chief, Bureau of Family Health. Consideration will include:
 - history of timely submission; and
 - extenuating circumstances.
- The Chief, Bureau of Family Health, will review the recommendation and determine whether invoice should be paid. If approved for payment, the Bureau Chief will indicate decision to pay by signature on the original memo, directing School Health Program Coordinator to process invoice for payment. If not approved, the Bureau Chief will submit a recommendation to the Director, Division of Community Health.
- The Director, Division of Community Health will review appeal and may direct School Health Program Coordinator to pay invoice or deny payment. If denying payment, the Division Director will communicate this decision in writing to the School Health Coordinator and the contractor.
- Contractor may appeal Division denial by writing a letter to the Missouri Department of Health and Senior Services, Director of Division of Administration, PO Box 570, Jefferson City, MO 65102.

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MISSOURI SCHOOL-AGE CHILDREN’S
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PROGRAM MONITORING

REPORTING

The Missouri School-Age Children’s Health Services program has established requirements for progress and data reporting. The contractor must show improvement in Mandated Measures 1, 2, 3, 4, and 6 by the April 15 reporting period, or provide reasonable documentation for not achieving objective, in order to be considered for an automatic renewal. The Performance Measure Reports and the Data Report may be downloaded from the Department of Health and Senior Services website at:

www.dhss.state.mo.us/school_health/SHWebpage.htm

Note: There is an underscore between “school” and “health.”

A. PERFORMANCE MEASURE REPORTS

Progress toward program objectives must be reported to the MSCHS program, on the form provided (see Appendix D for sample form). Each performance measure requires a report form. Reports must be postmarked on or before January 15, April 15, and July 15 of the contract year.

- Failure to submit the required reports in a timely manner may impact the eligibility for automatic renewal and result in the withholding of funds, as specified in the contract (Section 7.1.4).

B. PROGRAM EVALUATION

Contractors are required to evaluate one component of the school health program on an annual basis and submit documentation of the evaluation (see Appendix G) and an improvement plan by April 15 of the contract year.

C. DATA REPORT

Contractors are required to submit specific data elements (postmarked on or before July 15 of the contract year). The program will identify the specific data elements to be reported at the beginning of the contract year (see Appendix E).

- Failure to submit the required report in a timely manner may result in the withholding of final payment, as specified in the contract (Section 7.1.4).

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D. SCHOOL HEALTH ADVISORY COMMITTEES

The IFP requires contractors to hold meetings at least quarterly. The advisory group must have a Local Public Health Agency (LPHA) member represented or a letter of declination from the LPHA.

Contractors are required to submit a report of one School Health Advisory Committee's meeting between July 1, and December 31, postmarked on or before January 15, and one meeting between January 1, and June 30, postmarked on or before July 15 of contract year. Reporting criteria:

- Minimum of two meetings semi-annually.
- Report attendees using the form provided (see Appendix F)
- Minutes of meeting.
- Failure to convene and report on school health advisory committee meetings or reasonable documentation for not holding meeting, (minimum of two by January 15th) will affect eligibility for automatic renewal status.

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MISSOURI SCHOOL-AGE CHILDREN'S HEALTH SERVICES POLICIES PROGRAM MONITORING

CONTRACT COMPLIANCE

Program monitoring by Department staff will take place on a regular and as needed basis.

Opening contracts:

At the first meeting of contractors, the contract requirements will be reviewed. A verification form will document that contractors received information regarding the contract and program policies; and had an opportunity to ask questions. This meeting is required for all contractors.

Ongoing monitoring:

- Program staff will annually schedule onsite visit in at least one-third (1/3) of all contracts in each Department of Health and Senior Services district;
- Verbal reports are given on program activities at required meetings;
- Contractors are required to submit progress reports on performance measures on a scheduled basis, program evaluation by April 15th and annual data reports; and
- Invoices are submitted monthly.

If at any time, concerns are raised, contractor shall be contacted to clarify issue. District MCH consultants or program staff on an as-needed basis will make site visits.

Closing of contracts:

Final monitoring of contract compliance will be done by desk review of required reports, School Health Advisory Committee reports, data report, program evaluation, and financial review. These reports ensure that contractor is performing the activities in the Scope of Work for both quality and quantity of program objectives. Any deficiencies will be noted on the review form and a copy sent to the contractor. Payment of invoices on any future contract may be held until all required reports are received.

REPORTS TO CONTRACTORS FROM DEPARTMENT STAFF

The following reports will be prepared by Department staff and sent to the contractor:

- Report from Departmental staff of onsite visit (if applicable);
- Status report progress of specific indicators; and
- Contract Monitoring Site Visit Report (DH40) mid-year and end of the contract year.

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MISSOURI SCHOOL-AGE CHILDREN'S HEALTH SERVICES POLICIES PROGRAM MONITORING

PENALTIES FOR NONCOMPLIANCE

The Missouri School-Age Children's Health Services program may impose penalties for noncompliance with program policies. The penalties may be in the form of points that will be deducted from future applications and may affect eligibility status for automatic renewal. Each contractor will receive a report on overall contract compliance.

Attendance at required meetings

Failure to attend required meetings will affect eligibility status for automatic renewal. The School Nurse Manager responsible for the school health program must register for and attend required district meetings.

Emergency situations will be considered on an individual basis.

- Failure to register for meetings **by the deadline** will be considered a "no response." Attendance of late registrants must be approved by program to assure sufficient space and materials.
- Failure to attend the entire meeting may result in the same penalty as non-attendance. Participants will be required to sign in for each half-day session.

School Health Advisory Council Reporting

Failure to convene and report on school health advisory committee meetings or reasonable documentation for not holding meeting, (minimum of two by January 15th) will affect eligibility for automatic renewal status.

Reporting

Required reports on Performance Measures are to be postmarked on or before the 15th January, April, and July.

The Data Report is to be postmarked on or before July 15th of the contract year.

Invoicing

Contractors shall submit invoices on a monthly basis, for one-twelfth (1/12) of the contract award beginning with a July invoice submitted by August 15th. Penalties for late invoicing may be assessed in the form of points deducted from future funding application scores and may affect automatic renewal status.

Invoices may be faxed to: 573-751-6263. Invoices mailed will be considered late according to the postmark.

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MISSOURI SCHOOL-AGE CHILDREN'S
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DISTRICT MEETINGS

The School Nurse Manager from each contract must attend the district meetings for contractors. Travel to the district meetings is the responsibility of the contractor.

- Failure to attend district meetings may affect contractor's ability to be considered for automatic renewal.
- Emergency situations preventing attendance will be considered on an individual basis.
- Failure to register for meeting will be considered a "no show."
- The School Nurse Manager responsible for the school health program must attend district meetings.
- Contractors may attend meetings scheduled at any of the six sites.
- Contractor is responsible for accurately/completely sharing information from district meetings with staff remaining in school setting.

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MISSOURI SCHOOL-AGE CHILDREN'S
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TRAINING/CONFERENCES

The School Nurse Manager must attend any required training/conference established by the Missouri School-Age Children's Health Services program.

- When possible, at least 60 days notice will be given of the training dates to allow for scheduling.
- All costs associated with the training will be paid for by the program, outside of the contractor's award amount, provided the following is observed:
 - Participants are expected to attend all sessions of the required training, and will be requested to sign in for each session to verify attendance.
 - Emergency situations will be handled on an individual basis.


**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
VENDOR REQUEST FOR PAYMENT**

VENDOR USE			
VENDOR NAME		INVOICE NUMBER SCH	
VENDOR REMIT TO ADDRESS			
STATE VENDOR NUMBER		BILLING PERIOD	
CONTRACT NAME / SERVICE MSCHS		CONTRACT NUMBER	AMOUNT REQUESTED
COMMENTS:			
I CERTIFY THAT THIS REPORT IS TRUE AND THAT ALL PAYMENTS CLAIMED ARE IN ACCORDANCE WITH THE PROVISIONS SET FORTH IN THE CONTRACT			
AUTHORIZED SIGNATURE		TITLE	DATE
FOR DHSS PROGRAM USE ONLY			
PURCHASE ORDER (SC, SCS DOCUMENT NUMBER)		RECEIVER DOCUMENT (RC) NUMBER	
PROGRAM / BUREAU APPROVAL SIGNATURE(S)		TITLE	DATE APPROVED
COMMENTS:			
ACCOUNTING DISTRIBUTION			DATE STAMP, ETC.
SC, SCS ACCOUNTING LINE NO.	AMOUNT	PARTIAL (P) FINAL (F) PLEASE CIRCLE ONE	
		P F	
		P F	
		P F	
		P F	
		P F	
Approved PAYMENT AMOUNT			
ACCOUNTS PAYABLE SIGNATURE			DATE PROCESSED

General Guidelines For Invoicing For The Missouri School-Age Children's Health Services (MSCHS) Program

- The MSCHS Program is a fixed price contract. You may request payment for expenses incurred for your Missouri School-Age Children's Health Services (MSCHS) contract based on the approved budget.
- Payment for services rendered through the MSCHS contract must be requested by submitting a completed Department of Health and Senior Services (DHSS) **"Vendor Request For Payment"** form to the DHSS.
- Request for payment shall be submitted **monthly**. (A total of twelve Vendor Request For Payment forms shall be submitted for the contract year.)
- Each monthly Vendor Request For Payment form shall be for an amount equal to one twelfth of the total contract award amount, i.e., if the total contract award amount is \$12,000, each monthly Vendor Request For Payment form would be for an amount of \$1,000.
- The Vendor Request For Payment form **must** be received by the DHSS by the fifteenth (15) of each month for the previous month's billing period i.e., by August 15, the contractor will have submitted a Vendor Request For Payment form for the billing period of July. By September 15, the contractor will submit a Vendor Request For Payment form for the billing period of August etc.
- The Vendor Request For Payment forms shall be submitted **no earlier than the last working day of the billing period for which payment is being requested** i.e., the Vendor Request For Payment for the August billing period shall not be submitted prior to August 30, 2003.
- Any Vendor Request For Payment form submitted sixty (60) calendar days or more after the due date **will not be paid**.
- All requests for payment **must** be submitted on the **"Vendor Request For Payment"** form (DH-38)

Supporting documentation of costs incurred is not required to be submitted with your Vendor Request For Payment form. However, this documentation must be kept on file by the contractor and made available for review during the auditing process for each contractor.

Instructions For Completing The Vendor Request for Payment Form

Please complete the Vendor Request For Payment Form as directed below. If you have any questions regarding this form, how to complete it, or where to find the required information for the form, please call Leslie Murphy at 573/751-6213.

In the field:

- VENDOR NAME

Write the name of your local health department or school. If your contract is a consortium of two or more schools write in the name of the school that is the fiscal agent for the MSCHS contract.
- INVOICE NUMBER

After “SCH,” write in the date of the billing period i.e., to request payment for the July billing period the field would be completed as:
“SCH 07/03.”
- VENDOR REMIT TO ADDRESS

Write in the mailing address of your local health department or school. If your contract is consortium of two or more schools, write in the mailing address of the school that is the fiscal agent for the MSCHS contract.
- STATE VENDOR NUMBER

Write the State Vendor number for your local health department or school. If your contract is a consortium of two or more schools, write in the state vendor number of the school that is the fiscal agent for the MSCHS contract. If you do not know the state vendor number for your agency, you may call the DHSS for this information.
- BILLING PERIOD

Write in the month and year for which you are billing i.e., July 03.
- CONTRACT NAME / SERVICE

This field is already completed for you with “MSCHS.” You do not need to enter any information in this field.
- CONTRACT NUMBER

Write in the contract number, which begins with “PGA” for your MSCHS contract. This number can be found on the front page of your MSCHS contract. If you cannot locate the contract number for your MSCHS contract, you may call the DHSS for this information.

- **AMOUNT REQUESTED** Write in the dollar amount that you are requesting for payment. This amount should be one twelfth of your total MSCHS contract award amount.
- **COMMENTS** Write any comments you believe necessary for the processing of the MSCHS Vendor Request For Payment form. This is not a required field to be completed and may be left blank.
- **AUTHORIZED SIGNATURE** Obtain the signature of the person that your agency has decided is authorized to verify the authenticity and accuracy of the financial information submitted on the Vendor Request For Payment form.
- **TITLE** Write the title of the person that has signed the Vendor Request For Payment.
- **DATE** Write in the date that Vendor Request For Payment form is signed and sent to the DHSS.

Do not write below the line "FOR DHSS PROGRAM USE ONLY."

ADDITIONAL REMINDERS:

- **All Vendor Request For Payment forms must be signed by an authorized contract agent.**
- **All Vendor Request For Payment forms are due by the 15th of the month following the billing period.**
- **Submit only one Vendor Request For Payment form per month. Do not submit more than one copy of a Vendor Request For Payment form.**
- **Any Vendor Request For Payment form returned to a contractor for signature, correction, or additional information must be resubmitted within 10 days.**
- **FINAL VENDOR REQUEST FOR PAYMENT FORM FOR THE CONTRACT YEAR IS DUE BY JULY 10, 2004. THE DEPARTMENT SHALL HAVE NO OBLIGATION TO PAY ANY INVOICE SUBMITTED AFTER JULY 30, 2004.**

Invoices are to be faxed to 573-751-6263 or mailed to the following address:

Missouri Department of Health and Senior Services
Fiscal Services Support Unit
P.O. Box 570
Jefferson City, MO 65102.

SUGGESTED COSTS FOR SERVICES AND EQUIPMENT
MISSOURI SCHOOL-AGE CHILDREN'S HEALTH SERVICES (MSCHS) PROGRAM

Suggested Salary Ranges

May be determined by a local district's pay scale, what is reasonable in the area, and would depend on whether the position is 9,10, 11 or 12 months. Suggested salary amounts are based on 12 months and include fringe benefits.

School Nurse – RN FTE (comparable to CHN I – II)	up to \$30,000
LPN FTE (with RN supervision)	up to \$22,000
Health Room Paraprofessional – (minimum, trained in First Aid and CPR) 180 day/yr, 6 hr/day, \$6 to \$7 per hour	up to \$10,000
Health Clerk (Comparable to Clerk I)	up to \$17,000
Social Worker (comparable to Clinical SW)	up to \$35,000

Equipment for basic school health program (new programs only)	<u>Cost Estimate</u>
Desk	\$300-\$500
Chair	\$200-\$300
File Cabinet with lock	\$250
Medication cabinet with lock	\$150
Computer equipment	\$1,500
School health-related software	\$500
Vision testing equipment (wall charts, developmentally appropriate materials)	\$300
Hearing testing equipment (basic audiometer)	\$800
Blood pressure equipment	\$150
Stethoscope	\$30
Professional beam scale	\$300
Cot/pillow with waterproof covering	\$300
Folding stretcher or evacuation chair	\$500
Folding screen	\$130
Gooseneck lamp	\$60
Small refrigerator	\$100

MISSOURI SCHOOL-AGE CHILDREN'S HEALTH SERVICES
Inventory Log
2003-04 School Year

PLEASE REPORT ANY EQUIPMENT PURCHASED WITH MSCHS FUNDS THAT EXCEEDS \$300 IN COST

Equipment Purchased	Cost	Date Received	Manufacturer	Serial Number/ID Number	Current location of equipment (school or agency)

Equipment purchased with MSCHS funding remains the property of the Missouri Department of Health and Senior Services until one year after end of contract. If no serial number is available, use agency inventory number

Contractor Name:_____

**MISSOURI SCHOOL-AGE CHILDREN'S HEALTH SERVICES PROGRAM
PROGRESS ON MANDATED PERFORMANCE MEASURES WORK PLANS
FY 04**

Contractor Name: _____

This report is to be postmarked by the 15th of January.

Instructions: For each Mandated Performance Measure, describe the progress of your work plan for the reporting period using this form.

M1 – Students with Physical Exams:

- 1) Please describe the program and services you provided in order to meet the goal.
- 2) ~~What do the numbers tell us? Why are the numbers different than projected (positively or negatively)?~~ **Wording undetermined at this time.**
- 3) What worked as expected? What did not work as well as expected? What worked better than expected?
- 4) Based on what you have learned, what will you change to meet your goal?

M2 – Students with Dental Exams:

- 1) Please describe the program and services you provided in order to meet the goal.
- 2) ~~What do the numbers tell us? Why are the numbers different than projected (positively or negatively)?~~ **Wording undetermined at this time.**
- 3) What worked as expected? What did not work as well as expected? What worked better than expected?
- 4) Based on what you have learned, what will you change to meet your goal?

M3 – Students with Asthma Action Plans:

- 1) Please describe the program and services you provided in order to meet the goal.
- 2) ~~What do the numbers tell us? Why are the numbers different than projected (positively or negatively)?~~ **Wording undetermined at this time.**
- 3) What worked as expected? What did not work as well as expected? What worked better than expected?
- 4) Based on what you have learned, what will you change to meet your goal?

**MISSOURI SCHOOL-AGE CHILDREN'S HEALTH SERVICES PROGRAM
MANDATED PERFORMANCE MEASURE M1 NUMERICAL REPORT
FY 04**

Contractor Name: _____

This report is to be postmarked by the 15th of April and July. Please check the appropriate date.

☐ April 15

☐ July 15

Percentage goal from Work plan page: _____ %

Specific School Agency Name	03-04 School Year Total # of Students with Exam
COMMENTS SECTION	

**MISSOURI SCHOOL STUDENTS'S HEALTH SERVICES
INTERMEDIATE CONTRACT
FY04 SCHOOL SOCIAL WORKER MID-YEAR AND YEAR END REPORT**
An individual report is required for each school district/agency.

SCHOOL DISTRICT NAME: _____

Section One: Referrals from Health Staff to Social Worker

Number of Referrals for MC+	Number of Students Assisted in Referrals For Vision	Number of Students Assisted in Referrals For Hearing	Number of Students Assisted in Referrals For Dental	Number of Students Referred For Comprehensive Exam

Section Two: Referral Completions

Number of Completed MC+ Referrals	Number of Completed Vision Referrals	Number of Completed Hearing Referrals	Number of Completed Dental Referrals	Number of Completed Comprehensive Exam Referrals

Section Three: Social Work Interventions

Number of referrals to social worker for excessive absences: _____

Examples of interventions:

Number of Hotline Calls from school district: _____

Number of Home Visits by Social Worker: _____

Reasons for Home Visits by Social Worker: _____

Number of contacts with agencies related to services in the community for families and children: _____

Examples of community resources identified:

Number of group counseling sessions: _____

Topics:

Number of classroom presentations: _____

Topics:

Examples of successes:

Missouri School-Age Children's Health Services End of Year Data Report for the 2003-2004 School Year

An individual report is required for each school district/agency.

This report is to be postmarked by 5:00 p.m., July 15, 2004.

School District Name: _____

Mandatory Demographic Information Section

Enrollment for this school agency				Pre-K Enrollment	
Students with Private Insurance		Students with Medicaid/MC+		Students with None/Unknown insurance status	
Number of students with primary care provider			Number of students with dental care provider		

Health Room Visit Information Section

Number of Health Room Visits		Number of Students who visited health room (not the same as number of visits, count student only once):	
Number of visits resulting in student being sent home			

Special Health Care Needs Information

Number of students with severe food allergies		Number of students with severe insect sting allergies		Number of students with diagnosis of diabetes	
Number of students receiving asthma medication at school		Number of students with seizure disorder		Number of students with ADD/ADHD	
Number of students receiving ADHD medication at school		Number of students with cystic fibrosis		Number of students with serious mental health conditions	
Number of students requiring special care procedures at school (i.e., vent/trache care, tube feedings, cath/colostomy care, nebulizer, etc.)				Number of students receiving psychotropic/antidepressant medication at school	
Number of Students with an Emergency Action Plans		Number of Students with 504 Plans			

Students with Other Health Concerns

History of Child Abuse		Pregnant/Parenting		Substance Abuse Problems in Self and/or Family	
Suicide/Suicide Threat		Number of Students who received inpatient hospital care during this school year			

Screening Information Section

In this section, provide the number of students screened, and outcome of screening program.

Incomplete Referral Codes: 1 = Parent Inattention/Refusal, 2 = Lack of Finances, 3 = Lack of Provider, 4 = Moved Away/Lost to Follow-up, and 5 = Lack of Transportation, 6 = Administrative.

	# of Students Screened	# of Referrals	Completed Referrals	Incomplete Referrals					
				1	2	3	4	5	6
Oral Health/Dental									

Referrals (non-screening) Information Section

Number of Students referred to DFS for abuse or neglect	
---	--

Complete all blank lines, even if description is zero (0)

School Safety Information Section

Number of school staff trained in CPR in
this District.

Does each school building have a minimum of
two staff persons trained in CPR?

☐ Yes

☐ No
Non-Contracted Non-Public, Non-Contracted School Children Services Section

Estimate numbers of school-age children in your district(s) that are? Dropouts _____

Home Schooled _____

Private School Children _____

Check all boxes that apply to the health-related services YOUR contract has offered to non-contracted, non-public school-age children not covered in a formal Memorandum of Agreement:

<i>None</i>	<input type="checkbox"/>	<i>Financial Assistance</i>	<input type="checkbox"/>	<i>Screenings Continued</i>	<input type="checkbox"/>	<i>Screenings Continued</i>	<input type="checkbox"/>
<i>Health Education</i>	<input type="checkbox"/>	<i>MSCHS Council Representation</i>	<input type="checkbox"/>	<i>Dental</i>	<input type="checkbox"/>	<i>Pre-School</i>	<input type="checkbox"/>
<i>Health Fair</i>	<input type="checkbox"/>	<i>Nurse Consultation</i>	<input type="checkbox"/>	<i>Head Lice</i>	<input type="checkbox"/>	<i>Scoliosis</i>	<input type="checkbox"/>
<i>Health Newsletters</i>	<input type="checkbox"/>	<i>On-Site Health Room Services</i>	<input type="checkbox"/>	<i>Hearing</i>	<input type="checkbox"/>	<i>Tympanometer</i>	<input type="checkbox"/>
<i>Health Record Review</i>	<input type="checkbox"/>	<i>Policy Implementation Assistance</i>	<input type="checkbox"/>	<i>Weight/Height or BMI</i>	<input type="checkbox"/>	<i>Vision</i>	<input type="checkbox"/>
<i>Home Visits</i>	<input type="checkbox"/>	<i>Referrals/Follow-up</i>	<input type="checkbox"/>	<i>IEP</i>	<input type="checkbox"/>	<i>Support Groups</i>	<input type="checkbox"/>
<i>MC+ Application and/or Assistance</i>	<input type="checkbox"/>	<i>Screenings: Check all boxes that apply</i>	<input type="checkbox"/>	<i>Kindergarten</i>	<input type="checkbox"/>	<i>Teacher Inservices</i>	<input type="checkbox"/>
<i>Mental Health Services</i>	<input type="checkbox"/>	<i>Blood Pressure</i>	<input type="checkbox"/>	<i>Lead</i>	<input type="checkbox"/>	<i>Well Child Clinic</i>	<input type="checkbox"/>

How many of the non-contracted, non-public school-age children are *utilizing* the above services?

Dropouts _____

Home Schooled _____

Private School Children _____

Check all boxes that apply to the efforts you have made to reach the non-contracted, non-public school children. If offers were refused, still check boxes that apply along with the "Offers Refused" box.

<i>None</i>	<input type="checkbox"/>	<i>Mailings / Letters</i>	<input type="checkbox"/>	<i>Other</i>	<input type="checkbox"/>	<i>Television Announcements</i>	<input type="checkbox"/>
<i>Offers Refused</i>	<input type="checkbox"/>	<i>Newsletters</i>	<input type="checkbox"/>	<i>Personal Visits/Contact</i>	<input type="checkbox"/>	<i>Telephone Calls</i>	<input type="checkbox"/>
<i>Advisory Council Meeting Invitations</i>	<input type="checkbox"/>	<i>Newspaper Advertisement</i>	<input type="checkbox"/>	<i>Posters</i>	<input type="checkbox"/>	<i>Word of Mouth</i>	<input type="checkbox"/>
<i>Flyers</i>	<input type="checkbox"/>	<i>Newspaper Articles</i>	<input type="checkbox"/>	<i>Radio Announcements</i>	<input type="checkbox"/>		

SCHOOL HEALTH ADVISORY GROUP REPORT FORM
(This report is to be postmarked by the 15th of January and July.)

Contractor's Name: _____

<div><div>A minimum of 1 meeting is required.</div><div>Please attach a copy of the meeting minutes (must be more than an agenda.)</div><div>Date of Meeting: _____</div></div>	School Age Child	Medically Fragile Child	Special Education Child	PTA Representative	Other (please note)	Middle School	Junior High School	High School	Other (please note)	Physician	Dentistry	Mental Health	Local Public Health Agency	Other Health Professions	Civic Group	Religious Group	Human Services	Youth Services	Other (please note)	School Nurse	Health Teacher	Other Teacher	School Administrator	School Counselor	Food Services	Other (please note)	Business	Government Officials	Other Professionals (e.g. public media, attorney, law enforcement officials, etc.).
MEMBER'S NAME & ROLE	PARENT					STUDENT				HEALTH					COMMUNITY					EDUCATION						OTHER			
(example) John Smith, Co-Chair	X										X																		
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MISSOURI SCHOOL-AGE CHILDREN'S HEALTH SERVICES FY04 PROGRAM EVALUATION SUMMARY

Name of Contractor: _____

Date: _____

1. What aspect of your program (issue/problem) did you select to evaluate?

2. Why

3. Who was involved in the evaluation?

4. Did you identify gaps in logic or uncertain assumptions? Yes _____ No _____
Explain:

5. How do you plan to address the performance gaps?

6. Is the planned result (outcome) being achieved? Yes ☐ No ☐

Is your outcome:

- Specific? Yes ☐ No ☐
- Measurable? Yes ☐ No ☐
- Time-phased? Yes ☐ No ☐

For example: By March 31, 2004, 56% of students enrolled will have evidence of a comprehensive physical exam in the past 24 months on file.

7. Please attach a copy of your completed logic model.

Performance Measures Module Development

Issue

Goal

Objectives	Inputs	Intervention/ Activities	Accountability	Targets	Outputs	Evaluation Method	Outcomes

Missouri School-Age Children's Health Services

DEFINITIONS

School-age Children: students enrolled full-time, 5 days a week, in grades Pre-K-12.

Abstinence-based Education is frequently used to describe sex education programs that promote a more comprehensive message in addition to promoting “sexual abstinence” until marriage. Information about contraception may be provided. For information regarding Programs that Work, contact the Centers for Disease Control and Prevention, Division of Adolescent and School Health at www.cdc.gov/nccdphp/DASH

Abstinence-only Education or Abstinence Education is an educational or motivational program which:

- Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity
- Teaches that abstinence from sexual activity outside of marriage is the expected standard for all school-age children
- Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems
- Teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances
- Teaches the importance of attaining self-sufficiency before engaging in sexual activity
- Does not teach methods of contraception except abstinence from sexual activity

This is a summary of the definition set forth in the 1996 Welfare Reform legislation (Public Law 104-193, Section 510.)

Children with Special Health Care Needs: those who have or are at increased risk for chronic physical, developmental, behavioral, or emotional condition and who **also** require health and related services at a type or amount beyond that required by children generally. This is not limited to those who would meet the Department of Health, Bureau of Special Health Care Needs program eligibility criteria. Examples: Children who have or are suspected of having the following conditions:

- Chronic otitis media
- Behavioral problems such as Attention Deficit Disorder (ADD)
- Learning disabilities
- Delayed speech development
- Weight for height inappropriate for age
- Chronic infections
- Asthma
- Heart defects or conditions
- Scoliosis

- Diabetes
- Seizures
- Genetic conditions
- Other conditions which require health and related services at a type and amount beyond that required by children generally

Comprehensive Physical Exam (Well Child Checkup): This is a preventative health examination of an apparently well child or adolescent. It is not an office visit when the child is ill or injured and needs to be treated.

Included in the checkup by the health care professional:

- Immunizations
- Physical Health (eyes, ears, nose, heart, lungs, abdomen, bowel and bladder function, bones and muscle, posture)
- Vision, hearing and dental health
- Development (motor, social and language - school success risk factors)
- Any lab work that is indicated (for anemia, lead, etc)
- Education/health counseling for parent about upcoming developmental changes

Coordinated School Health Program/framework (CSH): A coordinated approach to school health enlists all the resources of a school and its community to improve student's health and learning and organizes them so that they work together in a systematic way. A coordinated school health program has multiple components:

- Comprehensive school health education
- Physical education
- School health services
- School nutrition services
- School counseling, psychological and social services
- Healthy school environment
- School site health promotion for staff
- Family and community involvement

Deaths Caused by Motor Vehicle Crashes: includes vehicle occupant, pedestrian, motorcycle, bicycle and other related deaths caused by motor vehicles.

Dental Exam vs. Dental Screening:

- **Dental Screening Program (school-based):** Dental screening is designed to detect early dental or oral health problems of children. **It provides baseline information so referrals and periodic evaluations may be made. However, dental screening is not a replacement for a complete examination in a dentist's office.** Inspections or screenings that can be done in a school setting include looking for the presence of dental caries (tooth decay), periodontal disease (inflammation of the gums and supporting structures), malocclusion (irregularity of the teeth and jaw), and trauma from oral injuries.

School Nurses using a tongue blade and adequate illumination (e.g., penlight) can detect tooth decay and gum problems (e.g., mild gingivitis) and refer the child out to a dentist. However, x-rays are necessary to detect interproximal caries in the early stages.

- **Dental Exam: A detailed, comprehensive oral assessment completed by a dentist under appropriate conditions for purposes of diagnosis and treatment.**

Effective Skills-based Curriculum: curriculum that has been evaluated and demonstrated to show changes in behavioral intentions, e.g., programs evaluated by Centers for Disease Control, and acknowledged as “Programs that Work.” Qualities of these programs include:

- Use of trained instructors;
- Presentation of basic, comprehensive and scientifically accurate information;
- Employment of multiple teaching strategies;
- Activities that address social pressures, including media, and presented over five or more classroom sessions;
- Reinforcement of clear and appropriate messages to strengthen individual values and group norms; and
- Involvement of more than single assemblies and guest speakers.

Individualized Health Care Plan (IHP), Emergency Action Plan (EAP), and Asthma Action Plan (AAP): The IHP, EAP, and AAP are developed to manage health issues and are part of the nursing process, whereas IEP and 504 plans are developed to deal with learning/educational issues of which there may or may not be a related health issue.

The IHP, EAP, AAP are nurse initiated planning processes. The IHP is developed out of the nursing process to address the actual or potential responses of a student to a health condition(s). The EAP and AAP also come out of the nursing process but are developed to deal with a specific potential medical emergency such as hypoglycemia, anaphylaxis, status epilepticus or asthma.

- **Individualized Health Care Plan (IHP):** An individualized health care plan provides a link between school nursing services, the public and private health care system, learning readiness, and educational achievement.
An IHP has the following identifiable parts: history, assessment data, nursing diagnosis, goal of care, student/family goals, selected actions or interventions and expected client outcomes. The components recognized by the ANA standards of School Nursing Practice include: data collection, nursing diagnosis, planning, intervention and evaluation. These components make up phases of the nursing process. The IHP becomes the set of directions that the nurse constructs to direct the nursing care needed by a particular student. (Refer to Volumes I and II, The

School Nurse's Source Book of Individualized Healthcare Plans edited by Marykay Hass, Sunrise River Press.)

- **Emergency Action Plan (EAP):** For students who have the potential for a medical emergency during the school day, a plan must be developed to assist the school personnel in recognizing and providing appropriate intervention during the crisis. The emergency plan can be part of the IHP, or may be drafted separately from the IHP so that it can be readily shared with appropriate school personnel, e.g., classroom teacher, cafeteria director, coach, transportation personnel. If drafted separately, the emergency care plan should be attached to the IHP when filed in the student's record.
Refer to the ***** (manual of school health) for examples of the format for EAP.
- **Asthma Action Plan (AAP):** Because an asthma episode can be serious, each child with asthma should have a health care plan. The plan should include triggers, early warning signs, how to treat episodes, medications used, management and self-management strategies, communication with the parent/guardian and or health care provider, when to use emergency measures, and guidelines for safe participation in physical education as well as field trips include student, parent/guardian, teachers and healthcare providers in the development process.

Key Adolescent Risk Behaviors (defined by Centers for Disease Control and Prevention as the leading causes of morbidity and mortality):

- Sexual activity leading to unintended pregnancy, sexually transmitted diseases and HIV infection
- Intended and unintended injuries
- Imprudent eating behaviors
- Lack of physical activity
- Tobacco use
- Alcohol and other drug use

Medicaid Eligible: "Medicaid eligible" is defined as "enrolled." Students in need of financial assistance for health care needs should be referred for Medicaid eligibility determination.

Medical Home: primary and preventive health care that is:

- accessible, continuous, comprehensive, family centered and, coordinated; and
- directed by an appropriately trained and licensed health care professional.

Nutritionally Adequate Diets: assessment of nutritional status indicates diet supports adequate growth and development.

Preventive Services: activities aimed at reducing the incidence of health problems or disease prevalence in the community, or the personal risk factors for such diseases or conditions.

Routine Medical Care : student is seen on a routine and as-needed basis, and school has access to medical information needed for safe care at school.

Running Total: The reporting of numerical information is to be running totals for the Mandated and Elective Measures: For example M1: On the first report there were 335 physical exams. The second report there was an additional 57 the running total to be reported for the second report is 392. If there is no new information to report, the previous report's information is to be repeated.

School Health Advisory Committee (SHAC): A School Health Advisory Committee (SHAC) is an on-going advisory group composed primarily of individuals selected from segments of the community. The group acts collectively in providing advice to the school district about aspects of the school health program. Generally, members of a SHAC are appointed by the school district to advise the school district.

The MSCHS contract requires that one member of the SHAC must be from the local public health department.

School Health Index for Physical Activity, Healthy Eating, and a Tobacco-Free Lifestyle: A Self-Assessment and Planning Guide (SHI): The School Health Index (SHI) is a self-assessment and planning guide developed by the Centers for Disease Control and Prevention (CDC) that will enable schools to:

- Identify the strengths and weaknesses of your school's health promotion policies and programs;
- Develop an action plan for improving student health; and
- Involve teachers, parents, students and the community in improving school policies, programs, and services.

This version of the SHI addresses school policies related to physical activity, healthy eating, and a tobacco-free lifestyle. Future versions will address all six behaviors that account for most of the serious illnesses and premature deaths of young people in the United States, as well as other important health issues such as skin cancer, asthma, and food safety.

This SHI is available at no cost and the assessment process can be completed in as little as five hours. Many of the improvements schools will want to make after completing the SHI can be done with existing staff and few or no new resources. The SHI is designed for use at the school level. However, with appropriate adaptation, it could be used at the district level, especially if the district has only a few schools and those schools have similar policies and practices

Supplanting: using funds from this source to fund activities that are currently funded from another source. MSCHS funding cannot be used to pay for services required by federal or state laws, or pay for any services for a school-age child eligible for Medicaid.